

Best Choice OB-GYN
2 Lincoln Highway
Suite 311-A
Edison, NJ 08820
Tel 732-603-2122
Fax732-603-3566

Patient Name:

Date of Birth:

NOTICE OF PRIVACY PRACTICES
(Acknowledge of Receipt and Consent)

This is to certify that I have received a copy of the **NOTICE OF PRIVACY PRACTICES**, and that I have accepted its terms and provisions. In addition, consent and authorize the use and disclosure of my health information for treatment, payment and the Best Choice OB-GYN's operation, in accordance with the federal and state laws.

(Acknowledge of Receipt for Patient Rights and Responsibilities)
This is to certify that I have received a copy of **PATIENT'S RIGHTS AND RESPONSIBILITIES**.

Patient's Signature or representative

Date

Registrar's Signature